DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency MISSION ASSIGNMENT (MA)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0047). NOTE: Do not send your completed form to this address.

| | Federal Emergency Management Agy your completed form to this address | ency, 500 C | Street, SW, Washi | ngton, D | OC 20 | 0472-3100, Pa | aperwork Redu | ctior | n Project (1 | 1660-0047). NOTE: Do |
|---|--|------------------------------------|---|----------------------|-----------|---|--|-----------------------|---|------------------------------|
| l. | TRACKING INFORMATION (FE | MA Use Or | nly) | | | - | | | | _ |
| State | Resource OR (Oregon) Incident:2020091303-Oregon September 2020 Wildfires 2839-435 | | | | | | ce Request Number 5104 | | | |
| | n Code/Event Number 562DR-OR: WILDFIRES AND STRAI | SHT-LINE W | /inds | | | | ' | | | ne Received 21/2020 00:43 |
| II. | ASSISTANCE REQUIRED See Attached | | | | | | | | | |
| | ce Requested will provide key post-fire specialists for ETAI | RT in support o | of 4562DR. | | | | | | | |
| Delivery Saler Saler | Location n JFO, 2850 Broadway St NE n, OR 97303-6500 | | | Intern | nal C | Control Number | er | D | ate/Time | Required 10/21/2020 |
| | Initiator/Requestor Name Stan Thomas | | | Number 1 | r | Email Address stan.thomas@mil.state.or.us | | ; | Date 10/21/2020 | |
| Site PO | C Name | <u> </u> | (503) 378-3181 24 Hour Phone Num | | | | | | | Date |
| Stan | Thomas | (503) 378-318 | 1 | | | | | 10/21/2020 | | |
| III. | INITIAL FEDERAL COORDINATION | (Operation | s Section) | | | | | | | |
| Action t | | | | _ | Date/Time | | | | g | |
| IV. | DESCRIPTION (Assigned Agen | cy Action | Officer) | | _ | | , | IX | See Atta | |
| In supp Erosion FEMA. Your agend later than t | ent of Work ort of the state of Oregon request, as direct i Threat Assessment Reduction Team (ETA USFS will serve as team leaders and lead or cy must validate the unliquidated MA balanc the third business day after fiscal quarter en www.fema.gov/federal-agencies-providing-d | e at least anno d close. Inform | alists for the 2020 Ore ually as stipulated by F ation can be submitted | EMA to n | mainta | hese specialists v ain reimbursable | will lead assessn authority. Accrua | data | eams on must also b | |
| Assigned Agency USFS (U.S. FOREST SERVICE) | | | | Projected Start Date | | | | | Estimated Projected End Date 11/21/2020 | |
| IX Nev | or Amendment to MA#: | | | Total Co | ost E | Estimated \$380, | .000.00 T | Total Required this C | | this Obligation Cycle |
| | ESF/OFA/RSF Action Officer ROB CLARK | | | | | | Phone # (603) 397-2243 | | Email robert_clark@firenet.gov | |
| V. | COORDINATION (FEMA Use Or | • - | | | | | | | | |
| Ту | pe of MA: Direct Feder State Cost S | | | Г | | ederal Opera tate Share (0 | | t | | |
| State Co | st Share Percent 25 % | | | St | tate | Cost Share A | mount: \$ 9 | 5,000 | 0.00 | |
| Fund Cit | ation: 20 <u>2 1</u> -06- <u>4 5 6</u> | 2 <u>D</u> R-9 <u>1</u> (| 04 XXXX-250 | <u>8</u> -D | Ap | propriation co | ode: 70X0702 | 2 | | |
| Mission | Assignment Manager (Preparer) SARAH FERNA | NDEZ 🇫 | | | | | | | | Date 10/21/2020 |
| **FEMA | Project Manager/Branch Director CLAYTON MIL | | Approval) | | | | | | | Date 10/21/2020 |
| **Comp | troller/Funds Control (Funds Revie LORI SCHULT | | | | | | | | | Date 10/21/2020 |

MISSION ASSIGNMENT (MA)

| VI. APPROVAL | | | | | | | | | |
|---|---|----------------|------------------|-----------------|--|--|--|--|--|
| *State Approving Official (Require for DFA) | | | | Date 10/21/2020 | | | | | |
| **Federal Approving Official (Required for all) | | | | | | | | | |
| " SHANNON BENSON S | | | | | | | | | |
| VII. OBLIGATION (FEMA Use Only) | | | | | | | | | |
| Mission Assignment Number 4562DR-OR-USFS-03 | Amount This Action \$_ | 380,000.00 Dat | e/Time Obligated | : 10/21/2020 | | | | | |
| Amendment Number 00 | Cumulative Amount \$ 380,000.00 Initials: IFMIS | | | | | | | | |
| ** Signature required for all MAs. | | | | | | | | | |
| INSTRUCTIONS | | | | | | | | | |

Items on the Mission Assignment (MA) form that are not listed are self-explanatory.

TRACKING INFORMATION. Completed by Resource Support Section or Operations staff. Required for all requests.

State: If multi-State, choose State most likely to receive resource(s), (i.e., when using 7220-SU Program Code) Resource Request No.: Based on chronological log number. Used for tracking.

<u>Program Code/Event No.:</u> The pre-declaration, emergency, or major disaster number assigned for funding the event. Examples: 7220-SU, 3130-EM, 1248-DR.

II. ASSISTANCE REQUESTED. Completed by requestor.

Assistance Requested: Details from the Resource Request Form will provide information concerning the assistance requested. Internal Control No.: Internal requestor reference, log, or control number, if applicable. Initiator/Requestor: The initiator may be an individual filling out the mission assignment and making a request on behalf of the POC.

POC Name: The person coordinating reception and utilization of the requested resources. 24-hour contact information required.

III. INITIAL FEDERAL COORDINATION. Completed by FEMA Personnel with Delegated Authority.

Action to: May be Emergency Support Function (ESF), Recovery Support Function (RSF), internal FEMA organization, or other organization, which assigns the Action Officer.

Remainder of MA used only if solution is to request Federal agency to perform reimbursable work under (MA). Deliberate validation and verification of information must occur before MA is completed and issued.

IV. **DESCRIPTION**. Completed by assigned agency Action Officer.

Statement of Work: Detailed description of work to be performed that includes: Overview of MA, objectives, tasks, resources, personnel, deliverable, location, period of performance and comprehensive cost estimate for period of performance. Statement of Work may be attached. Additional guidance concerning the writing of a Statement of Work can be found in the Mission Assignment Guide and FAR.

Assigned Agency: Agency receiving the MA from FEMA. Activities within the scope of an ESF/RSF result in an MA to primary agency. Cite subordinate organization if applicable. Example; DOT-FAA, COE-SAD.

Projected Start/End Date: If end date is not clear, estimate and budget for 30, 60, or 90 days, then reevaluate. TBD is not acceptable; a date must be entered.

Total Cost Estimate: Enter dollar value and attach a detailed budget outlining personnel, equipment, contract, sub-tasked agency, travel and other costs. The cost estimate should include the total cost projection for the MA across the entire length of the MA. The 90 day obligation cycle is used to obligate funding in 90 day increments when completion period is expected to exceed 90 days.

COORDINATION. Completed by MAM, except for Project Manager and Comptroller signatures.

Type of MA: Select only one.

Appropriation Code: Static data. Do not change. This is for information only, should not be used to report internal agency finances to Treasury. Reporting: MA agencies are required to provide reporting as determined by the Program Manager.

VI. APPROVAL. Completed by State Approving Official and Federal Approving Official.

OBLIGATION. Completed by Financial Specialist

Mission Assignment No.; Assigned in FEMA financial system chronologically using assigned agency acronym and two digit number.

Amendment No.: Note supplement number, For example: COE: SAD-01, Supp. 1, or DOR-08, Supp. 3.

Amount this Action: Taken from total cost estimate above.

Cumulative Amount: Cumulative amount for this MA, including amendments.

FEMA FORM 010-0-8 Region 10, State OR, 4562DR, MA#1509-334212 (IFMIS Closed) as of 10/21/2020

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Additional Statement of Work

each fire, and train and coordinate specific resource area groups on each team to ensure the mission is accomplished safely and provides the information needed for the next phase of post-fire recovery.

USFS support will include, but not limited to:

- -Size up burned areas and plan assessments by resource area
- -Train all assessment team specialists
 -Coordinate logistics and methodologies for all assessment team specialists
 -Oversee/advise assessments, analysis, and reporting

ADDITIONAL NOTES from FEMA:

- MA task orders (MATOs) may be issued by FEMA for specific requirements, personnel, location(s), date(s), and duration of assignment(s).
- Agencies will be reimbursed for all eligible expenses pursuant to 44 CFR. Supporting documentation is required for reimbursement.
- All equipment and supply purchases must be coordinated with FEMA. If approved, documentation is necessary to ensure reimbursement.
- Activation of agency command center(s), if required, must be coordinated with FEMA as a separate MA
- The mission-assigned agency is responsible for ensuring that all activity is properly authorized, goods are received, services are provided, and that costs are reasonable and supported by documentation maintained by the respective agency
- MAs shall be considered for closure after 180 days with no financial activity in accordance with FEMA CFO Bulletin #157. For MAs still operationally open, requests for additional obligations may be withheld if no invoicing, ULO Validation, or additional justification has been provided.